04-15-05

IN THE UNITED STA INT AND TRADEMARK OFFICE

Applicant: Robin S. Gray

Serial Number: 09/888,819

Filing Date: June 25, 2001

Title: Mouse Pointing Device with Integrated

Touch Pad Buttons

Group Art Unit: 2697

Preliminary Classification: 345

Examiner: Ming-Hun Liu

Date: April 14, 2005

REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Honorable Commissioner for Patents Washington, D.C. 20231

SIR:

For the above identified application, Applicant respectfully requests a one month extension of time under 37 CFR 1.136(a). A request and corresponding extension fee is enclosed herewith.

Respectfully submitted,

Robin S. Gray

Registration No.: 48,093

I hereby certify that this correspondence is being deposited with the United States Postal Service as Post Office To Addressee with Express mail label Number: ER 288444130 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450, on April 14, 2005.

Robin S. Gray Applicant Signature April 14, 2005

Date of Signature



PTO/SB/22 (12-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid QMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Filed Application Number Examiner M IN Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** <u>Fee</u> One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$1080 \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to I have enclosed a duplicate copy of this sheet. **Deposit Account Number** WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

forms are submitted.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01 FC:2251

signature is required, see below.

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X

PTO/SB/17 (12-04v2)

Fee Paid (\$)

Fees Paid (\$)

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sons are required to respond to a collection of information unless it displays a valid OMB control number Under the Paperwork Reduct Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number TRANSMIT** Filing Date 200 1 For FY 2005 ROBIN S. GRA' First Named Inventor **Examiner Name** MING-HUN LIÚ Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT 60.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order J None L Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 Design 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 360 **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) - 20 or HP = Fee (\$) X HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE

Other (e.g	, late filing surcha	irge): ONE M	ONTH EXTENSION	of time (JNDER 3 TCFK T	106 4 60
SUBMITTED BY						
Signature	Kolini ,	S. Dum	Registration (Attorney/Age	//Y /19	3 Telephone (4	40)418-4754

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Date

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

150 =

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

ROBIN S. GRAY

Total Sheets

4. OTHER FEE(S)

Name (Print/Type)

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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TA TRADEMA Application Number Filing Date TRANSMITTAL 25, 2001 First Named Inventor **FORM** Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)							
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	ENCLOSURES (Check all that apply) After Allowance Communication to TC Drawing(s) Licensing-related Papers Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD					
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name Robin S.		, GRAY					
Signature Kolini S		Juay					
Printed name ROBIN S.		GRAY (
Date APRIL 14,		2005 Reg. No. 48, 093					
CERTIFICATE OF TRANSMISSION/MAILING							

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

ReG.NO.: 48,093

Typed or printed name

ReG.NO.: 48,093

Date **APUL 14, 7005**

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.